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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
SEP 16 1940  
Registration District No. 85

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28010  
Registrar's No. 914

Primary Registration District No. 1001

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County. BUCHANAN  
(b) City or town. ST-JOSEPH.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: ISOLATION-HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. HOSPITAL  
(Specify whether years, months or days) 18 YRS

3. (a) PRINT FULL NAME GEORGE EDWARD MILBOURNE

3. (b) If veteran, name war. NO 3. (c) Social Security No. 416 891-09-9943

4. Sex Male 5. Color or race Wht 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Edna C. 6. (c) Age of husband or wife if alive. 36 years

7. Birth date of deceased. March 24 1903  
(Month) (Day) (Year)

8. AGE: Years 37 Months 4 Days 25 If less than one day hr. min.

9. Birthplace Annapolis Md.  
(City, town, or county) (State or foreign country)

10. Usual occupation Real Man employed by Jersey Coal Co.

11. Industry or business John Milbourne

12. Name John Milbourne  
13. Birthplace Md.  
(City, town, or county) (State or foreign country)

14. Maiden name Laura Reddick  
15. Birthplace Marysville Md.  
(City, town, or county) (State or foreign country)

16. (a) Informant Edna C. Milbourne  
(b) Address 1124 N 2nd

17. (a) burial (b) Date thereof Aug 20 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Green Cemetery  
18. (a) Signature of funeral director. Roy Stoney  
(b) Address St Joseph Mo.  
19. (a) Aug 20 1940 (b) A J Nestle  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State. Missouri (b) County. BUCHANAN  
(c) City or town. ST-JOSEPH.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1124 NORTH 2ND  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug, day 19, year 1940 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from Aug 18, 40, 1940 to Aug 19, 1940  
that I last saw him alive on Aug 18, 1940:  
and that death occurred on the date and hour stated above.

Immediate cause of death meningitis

Due to Mixed Infection

Due to NA

Other conditions. NA  
(Include pregnancy within 3 months of death)

Major findings: Of operations no operation  
Spinal Puncture confirmed  
Of autopsy Diagnosis of meningitis

Duration 3 days  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? no (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature H. Thompson Jr. (M. D. or other) MD  
Address 225 Charles Street Date signed 8/20/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Aug 19, 1940, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*John H. Hurley*

Licensed Embalmer No. 4050

P. O. Address 2328 5th Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed; fact should be so stated above.